

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FEB 18 1937

Do not use this space.

2535

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township 4

Primary Registration District No. 3032

City Sedalia

(No. 210 West Third St. 2 Ward 1)

File No. 2

Registered No. 668

St. 2 Ward 1

2. FULL NAME

Alpheus L. Pollard

(a) Residence, No. 210 West 3rd.

St. 2

Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., If of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Amy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar. 3, 1855

7. AGE

YEARS

81

MONTHS

9

DAYS

29

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Physician, MD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ind.

FATHER

13. NAME

David A. Pollard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ky.

MOTHER

15. MAIDEN NAME

Felicia Dawkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ky.

17. INFORMANT (ADDRESS)

Mrs. A. L. Pollard
Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mem. Park

DATE Jan. 4, 1937

19. UNDERTAKER (ADDRESS)

Gillespie Funeral Home
Sedalia, Mo.

20. FILED

7-4-

1937

Jan

1937

1937

1937

1937

1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1937 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 22, 1936, to Jan. 2, 1937.

I last saw him alive on Jan. 2, 1937. Death is said

to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Essential Hypertension
Hemiplegia (Left)

Nov. 10, 1936

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

E. J. Holbert

(Address)

412 S. Ohio, Sedalia, Mo.

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**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Jettis
Township Sedalia
City Sedalia (No. _____)

Registration District No. 668
Primary Registration District No. 3032

File No. 2535-
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Alpheus L. Pallard

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 9 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS) _____

20. FILED 1-4, 1937 Jan Slope Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Essential Hypertension
Myoplegia (Left)
Cerebral Hemorrhage
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) G. H. Walbert, M. D.

(Address) 412 E. S. Ohio Sedalia Mo.

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